

Fill in this information to identify your case and this filing:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

## 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

## 1.1 Homestead

Street address, if available, or other description

8086 Adcock Acres DriveConroe, TX 77303

City State ZIP Code

Montgomery

County

What is the property? Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Legal Description: Adcock Acres, Lot 12, Acres 1.000, Lot 12-A Acres 4.0

Source of Value:

Montgomery County Appraisal District

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$121,490.00

Current value of the portion you own?

\$121,490.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☒ Check if this is community property (see instructions)

## 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ \$121,490.00

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

**3.1 Make:** Hummer **Who has an interest in the property?** Check one.  
**Model:** H3 ☐ Debtor 1 only  
**Year:** 2008 ☐ Debtor 2 only  
**Approximate mileage:** 12800 ☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
**Other information:** ☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**  
\$7,000.00

**Current value of the portion you own?**  
\$7,000.00

If you own or have more than one, list here:

**3.2 Make:** Hyundai **Who has an interest in the property?** Check one.  
**Model:** Tuscan ☐ Debtor 1 only  
**Year:** 2011 ☐ Debtor 2 only  
**Approximate mileage:** 80693 ☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
**Other information:** ☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**  
\$11,125.00

**Current value of the portion you own?**  
\$11,125.00

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....**

→ \$18,125.00

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <b>19-33453</b>
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	First Name	Middle Name	Last Name	

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....

See Attached.

**\$3,250.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

Television, Photography Camera, Cell Phones, Computer, Laptop and Scanner

**\$1,000.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

Clothing Husband - Suits, Shirts, Pants, Shoes, Coats, Neck Ties, Socks/Intimates \$100.00 Clothing Wife - Shirts, Pants, Dresses, Skirts, Shoes, Purses, Intimates \$50.00 Clothing Children - Shirts, Pants, Dresses, Skirts, Shoes, Coats, Socks/Intimates \$50.00

**\$200.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....

Diamond Ring

**\$1,500.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <b>19-33453</b>
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	First Name	Middle Name	Last Name	

## 14. Any other personal and household items you did not already list, including any health aids you did not list

- ☒ No  
☐ Yes. Describe.....

## 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... →

**\$5,950.00****Part 4:** Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No  
☐ Yes..... Cash.....

17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes.....

Institution name:

17.1. Checking account: **Wood Forest Bank - Checking Account** **\$200.00**18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes.....

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them.....

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them.....

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <b>19-33453</b>
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	First Name	Middle Name	Last Name	

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
- ☐ Yes. List each account separately.

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
- ☐ Yes.....

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
- ☐ Yes.....

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
- ☐ Yes.....

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No
- ☐ Yes. Give specific information about them....

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
- ☐ Yes. Give specific information about them....

**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No
- ☒ Yes. Give specific information about them....

See Attached.

**\$2.00****Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☐ No
- ☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

2019 | 2019 Tax Refund

Federal: **\$500.00**

State: \_\_\_\_\_

Local: \_\_\_\_\_

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	First Name	Middle Name	Last Name	

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information.....

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value....
- |  |                 |                            |
|--|-----------------|----------------------------|
| Company name:  | Beneficiary:    | Surrender or refund value: |
| <b>Term Life Insurance Policy through Employer - No Cash Value</b> | <b>Children</b> | <b>\$0.00</b>              |

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information.....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →****\$702.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <b>19-33453</b>
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	First Name	Middle Name	Last Name	

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....

39. **Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.....

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☒ No  
☐ Yes. Describe.....

41. **Inventory**

- ☒ No  
☐ Yes. Describe.....

42. **Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe.....

43. **Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

44. **Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→**

**\$0.00**

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
**If you own or have an interest in farmland, list it in Part 1.**

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. **Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes.....

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
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	First Name	Middle Name	Last Name

Case number (if known) **19-33453**48. **Crops—either growing or harvested**

- ☒ No  
☐ Yes. Give specific information.....

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes.....

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes.....

51. **Any farm- and commercial fishing-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** →

**\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above53. **Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here.....** →

**\$0.00****Part 8:** List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2.....** →

**\$121,490.00**

56. **Part 2: Total vehicles, line 5** \$18,125.00

57. **Part 3: Total personal and household items, line 15** \$5,950.00

58. **Part 4: Total financial assets, line 36** \$702.00

59. **Part 5: Total business-related property, line 45** \$0.00

60. **Part 6: Total farm- and fishing-related property, line 52** \$0.00

61. **Part 7: Total other property not listed, line 54** + \$0.00

62. **Total personal property.** Add lines 56 through 61.....

\$24,777.00

Copy personal property total →

+ \$24,777.00



Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
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Case number (if known) 19-33453

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.....

**\$146,267.00**

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <u>19-33453</u>
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	First Name	Middle Name	Last Name	

**SCHEDULE A/B: PROPERTY**

## Continuation Page

## 6. Household goods and furnishings

Livingroom – Couch, Love Seat, Chair, End Tables (2), Coffee Table and Rug \$250.00. Master Bedroom – Queen Bed Frame, Headboard, Mattress, Dresser, Chest of Drawers and Night Stands (2) \$250.00. Guest Bedroom – Full Size Bed Frame, Mattress, Headboard, Dresser and Night Stand \$200.00. Daughter's Bedroom - Twin Size Bed, Dresser, Nightstand \$100.00. Dining Room - Dining Room Table with 6 Chairs, China and Rug \$200.00. Kitchen - Microwave, Refrigerator, Stove, Dishwasher, Toaster Oven, Cutlery, Dishes and Glasses \$100.00. Tools - Lawnmower, Drill and Screwdriver \$100.00. Sewing Machine \$50.00.

\$1,250.00Microwave, Heater, Refrigerator, Desk and Chair\$2,000.00

## 27. Licenses, franchises, and other general intangibles

Teacher's Certification\$1.00Child Care Director\$1.00

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Homestead 8086 Adcock Acres Drive Conroe, TX 77303 Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$121,490.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1) _____ _____
Brief description: 2008 Hummer H3 Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$7,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2) _____ _____

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Julianne** **Wilson** **Young**  
 Debtor 2 **Randy** **Lee** **Young**  
 First Name Middle Name Last Name

Case number (if known) 19-33453**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>2011 Hyundai Tuscan</u>	<u>\$11,125.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(2)</u>
Line from Schedule A/B: <u>3.2</u>			
Brief description: <u>Livingroom – Couch, Love Seat, Chair, End Tables (2), Coffee Table and Rug \$250.00. Master Bedroom – Queen Bed Frame, Headboard, Mattress, Dresser, Chest of Drawers and Night Stands (2) \$250.00. Guest Bedroom – Full Size Bed Frame, Mattress, Headboard, Dresser and Night Stand \$200.00. Daughter's Bedroom - Twin Size Bed, Dresser, Nightstand \$100.00. Dinning Room - Dining Room Table with 6 Chairs, China and Rug \$200.00. Kitchen - Microwave, Refrigerator, Stove, Dishwasher, Toaster Oven, Cutlery, Dishes and Glasses \$100.00. Tools - Lawnmower, Drill and Screwdriver \$100.00. Sewing Machine \$50.00.</u>	<u>\$1,250.00</u>	<input checked="" type="checkbox"/> <u>\$1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Microwave, Heater, Refrigerator, Desk and Chair</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Television, Photography Camera, Cell Phones, Computer, Laptop and Scanner</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Clothing Husband - Suits, Shirts, Pants, Shoes, Coats, Neck Ties, Socks/Intimates \$100.00 Clothing Wife - Shirts, Pants, Dresses, Skirts, Shoes, Purses, Intimates \$50.00 Clothing Children - Shirts, Pants, Dresses, Skirts, Shoes, Coats, Socks/Intimates \$50.00</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from Schedule A/B: <u>11</u>			

Debtor 1 **Julianne** **Wilson** **Young**  
 Debtor 2 **Randy** **Lee** **Young**  
 First Name Middle Name Last Name

Case number (if known) 19-33453

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Diamond Ring Line from Schedule A/B: 12	\$1,500.00	<input checked="" type="checkbox"/> \$1,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Wood Forest Bank - Checking Account Checking account Line from Schedule A/B: 17	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Teacher's Certification Line from Schedule A/B: 27	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Child Care Director Line from Schedule A/B: 27	\$1.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2019 Tax Refund Federal tax Line from Schedule A/B: 28	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Term Life Insurance Policy through Employer - No Cash Value Line from Schedule A/B: 31	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

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	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

## 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1 CarMax Auto Finance dba CarMax

Business Services  
Creditor's Name225 Chastain Meadows Court 210  
Number StreetKennesaw, GA 30144  
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

Date debt was incurred

6/14/2017

## Describe the property that secures the claim:

2008 Hummer H3

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Nature of lien. Check all that apply.
- ☒ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Last 4 digits of account number \_\_\_\_

\$16,680.06\$7,000.00\$9,680.06

Add the dollar value of your entries in Column A on this page. Write that number here:

\$16,680.06

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

Part 1:

## Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion If any

2.2

Cash America

Creditor's Name

717 East Davis Street 709

Number Street

Conroe, TX 77301

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

Diamond Ring

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number \_ \_ \_ \_

\$100.00

\$1,500.00

\$0.00

2.3

CONNS Appliances

Creditor's Name

P.O. Box 3002

Number Street

Malvern, PA 19355

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred

Describe the property that secures the claim:

Microwave, Heater, Refrigerator, Desk and Chair

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Last 4 digits of account number \_ \_ \_ \_

\$4,211.23

\$2,000.00

\$2,211.23

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,311.23

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4	<p>Consumer Portfolio Services Inc.</p> <p>Creditor's Name</p> <p>P.O. Box 57071</p> <p>Number Street</p> <p>Irvine, CA 92619</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b></p> <p>9/7/2016</p> <p><b>Describe the property that secures the claim:</b></p> <p>2011 Hyundai Tuscan</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> _ _ _ _</p>	\$22,543.09	\$11,125.00	\$11,418.09
2.5	<p>PHH Mortgage</p> <p>Creditor's Name</p> <p>P.O. Box 5469</p> <p>Number Street</p> <p>Mount Laurel, NJ 08054</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b></p> <p><b>Describe the property that secures the claim:</b></p> <p>Homestead</p> <p>8086 Adcock Acres Drive Conroe, TX 77303</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> _ _ _ _</p>	\$148,006.99	\$121,490.00	\$26,516.99
Add the dollar value of your entries in Column A on this page. Write that number here:		\$170,550.08		



Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.5	<b>PHH Mortgage (arrearage)</b> Creditor's Name <u>P.O. Box 5469</u> Number Street <u>Mount Laurel, NJ 08054</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Date debt was incurred</b> _____ <b>Describe the property that secures the claim:</b> <div style="border: 1px dashed black; padding: 5px;">             Homestead              8086 Adcock Acres Drive Conroe, TX 77303           </div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Last 4 digits of account number</b> ____ ____ ____ ____	\$10,437.93	\$121,490.00	\$10,437.93
Add the dollar value of your entries in Column A on this page. Write that number here:		\$0.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$191,541.37		

Debtor 1  
Debtor 2Julianne  
Randy

First Name

Wilson  
Lee

Middle Name

Young  
Young

Last Name

Case number (if known) 19-33453

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1

Ocwen Loan Servicing

Name

P.O. Box 24738

Number Street

West Palm Beach, FL 33416

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 5

Last 4 digits of account number \_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Eric S. Southward

Priority Creditor's Name

715 E Whitney St

Number Street

Houston, TX 77022-3537

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify  
**Attorney Fees**

Total claim	Priority amount	Nonpriority amount
<u>\$4,500.00</u>	<u>\$4,500.00</u>	<u>\$0.00</u>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<b>Advance America</b> Nonpriority Creditor's Name <b>610 West Davis Street</b> Number Street <b>Conroe, TX 77301</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$100.00</b>
4.2	<b>AFNI</b> Nonpriority Creditor's Name <b>1310 Martin Luther King Drive</b> Number Street <b>Bloomington, IL 61702-3517</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$100.00</b>
4.3	<b>ARS Account Resolution</b> Nonpriority Creditor's Name <b>1643 NW 136 Ave, Bldg H Street</b> Number Street <b>Fort Lauderdale, FL 33323</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$372.00</b>

Debtor 1 Julianne Wilson Young  
 Debtor 2 Randy Lee Young  
 First Name Middle Name Last Name

Case number (if known) 19-33453**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.4	<b>Atlas Acquisitions, LLC Assignee of SNAP Finance</b> Nonpriority Creditor's Name <b>294 Union Street</b> Number Street <b>Hackensack, NJ 07601</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$1,857.57</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
4.5	<b>Atlas Acquisitions, LLC Assignee of SNAP Finance</b> Nonpriority Creditor's Name <b>294 Union Street</b> Number Street <b>Hackensack, NJ 07601</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$1,329.14</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.6	<b>Caliber Collision</b> Nonpriority Creditor's Name <b>23266 N.W. Freeway</b> Number Street <b>Cypress, TX 77429</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$500.00</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.7	<b>ChexSystems</b> Nonpriority Creditor's Name <b>Attention: Consumer Relations</b> <b>7805 Hudson Road, #100</b> Number Street <b>Saint Paul, MN 55125</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>unknown</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>
4.8	<b>Chrysler Capital</b> Nonpriority Creditor's Name <b>P.O. Box 96125</b> Number Street <b>Fort Worth, TX 76161</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$7,374.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
4.9	<b>City of Magnolia</b> Nonpriority Creditor's Name <b>18111 Buddy Riley</b> Number Street <b>Magnolia, TX 77354</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$100.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.10	<b>Comenity Bank/HSN</b> Nonpriority Creditor's Name <b>P.O. Box 182273</b> Number Street <b>Columbus, OH 43218</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$1,000.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
4.11	<b>Conroe Regional Medical Center</b> Nonpriority Creditor's Name <b>504 Medical Center Blvd</b> Number Street <b>Conroe, TX 77304</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$500.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>
4.12	<b>Conroe Surgery Center</b> Nonpriority Creditor's Name <b>504 Medical Center Blvd</b> Number Street <b>Conroe, TX 77304</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$500.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<b>Credit One Bank</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>P.O.Box 98873</b> Number Street <b>Las Vegas, NV 89193</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	_____ <b>\$500.00</b>
4.14	<b>David Reese, MD</b> Nonpriority Creditor's Name <b>9180 Pinecroft Drive 100</b> Number Street <b>Spring, TX 77380</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	_____ <b>\$100.00</b>



Debtor 1 **Julianne** **Wilson** **Young**  
 Debtor 2 **Randy** **Lee** **Young**  
 First Name Middle Name Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.15	<b>Department of Education/NELN</b> Nonpriority Creditor's Name <b>121 S. 13th Street</b> Number Street <b>Lincoln, NE 68508</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> \$500.00	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$0.00</b>
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4.16	<b>Dish Network</b> Nonpriority Creditor's Name <b>Dept 0063</b> Number Street <b>Palatine, IL 60055</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$100.00</b>
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Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.17	<b>DSRM National Bank</b> Nonpriority Creditor's Name <b>P.O. Box 300</b> Number Street <b>Amarillo, TX 79105</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> <b>\$487.00</b>
4.18	<b>East Montgomery County</b> Nonpriority Creditor's Name <b>16401 1st Street</b> Number Street <b>Splendora, TX 77372</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b> <b>\$500.00</b>
4.19	<b>Enchanted Dental</b> Nonpriority Creditor's Name <b>17450 St. Lukes Way 260</b> Number Street <b>Conroe, TX 77384</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b> <b>\$200.00</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.20	<b>Flexhopper</b> Nonpriority Creditor's Name <b>2700 N. Military Trail 200</b> Number Street <b>Boca Raton, FL 33431</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
4.21	<b>Florida State University</b> Nonpriority Creditor's Name <b>4750 Callegiate Drive</b> Number Street <b>Panama City, FL 32401</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.22	<b>Go Imaging</b> Nonpriority Creditor's Name <b>9802 FM 1960 Bypass Road West 100</b> Number Street <b>Humble, TX 77338</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.23	<b>Gulf Coast State College</b> Nonpriority Creditor's Name <b>5230 US 98</b> Number Street <b>Panama City, FL 32401</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$100.00</b>
4.24	<b>Hunter Warfield</b> Nonpriority Creditor's Name <b>4620 Woodland Corporate Blvd.</b> Number Street <b>Tampa, FL 33614</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$100.00</b>
4.25	<b>Integrity TX Funding</b> Nonpriority Creditor's Name <b>84 Villa Road</b> Number Street <b>Huntington Beach, CA 92615</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$200.00</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.26	<b>Lakewood Arthritis and Ortho Clinic</b> Nonpriority Creditor's Name <b>102 Medical Park Lane A</b> Number Street <b>Huntsville, TX 77340</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b> Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>
4.27	<b>LVNV Funding LLC</b> Nonpriority Creditor's Name <b>200 Meeting St., Ste. 206</b> Number Street <b>Greenville, SC 29601</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$676.00</b> Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
4.28	<b>Majestic Gymnastic</b> Nonpriority Creditor's Name <b>11467 FM 2432 302</b> Number Street <b>Willis, TX 77378</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b> Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.29	<b>Memorial Hermann</b> Nonpriority Creditor's Name <b>9250 Pinecroft</b> Number Street <b>Spring, TX 77380</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$500.00</b>
4.30	<b>Midland Funding, LLC</b> Nonpriority Creditor's Name <b>P.O. Box 460568</b> Number Street <b>Houston, TX 77056</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$100.00</b>
4.31	<b>Mohela</b> Nonpriority Creditor's Name <b>633 Spirit Drive</b> Number Street <b>65005</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$100.00</b>

Debtor 1 Julianne Wilson Young  
 Debtor 2 Randy Lee Young  
 First Name Middle Name Last Name

Case number (if known) 19-33453**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim	
4.32	<p><b>NCB Management Services</b>            Nonpriority Creditor's Name  <b>One Allied Drive</b>            Number Street  <b>Feasterville Trevose, PA 19053</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b></p>	<b>\$897.00</b>
4.33	<p><b>PCP for Life PA</b>            Nonpriority Creditor's Name  <b>12015 Louetta Road 200</b>            Number Street  <b>Houston, TX 77070</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b></p>	<b>\$100.00</b>
4.34	<p><b>Portfolio Recovery Associates, LLC</b>            Nonpriority Creditor's Name  <b>P.O. Box 12914</b>            Number Street  <b>Norfolk, VA 23541</b>            City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b></p>	<b>\$1,253.00</b>



Debtor 1 Julianne Wilson Young  
 Debtor 2 Randy Lee Young  
 First Name Middle Name Last Name

Case number (if known) 19-33453**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.35	<b>Quest Diagnostics</b> Nonpriority Creditor's Name <b>P.O. Box 7306</b> Number Street <b>Hollister, MO 65673</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
		<b>\$200.00</b>
4.36	<b>QVC</b> Nonpriority Creditor's Name <b>9855 Westover Hills Blvd</b> Number Street <b>San Antonio, TX 78251</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		<b>\$500.00</b>
4.37	<b>Retrieval Masters Creditor Bureau, Inc.</b> Nonpriority Creditor's Name <b>4 Westchester Plaza 110</b> Number Street <b>Elmsford, NY 10523</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>
		<b>\$100.00</b>



Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
<b>4.38</b>	<b>Rise/ESC</b> Nonpriority Creditor's Name <b>4150 International Plz S.</b> Number Street <b>Fort Worth, TX 76109</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Notice Only</b>	<b>\$0.00</b>
<b>4.39</b>	<b>Rose Imaging Specialist PA</b> Nonpriority Creditor's Name <b>P.O. Box 203268</b> Number Street <b>Dallas, TX 75230</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>	<b>\$100.00</b>
<b>4.40</b>	<b>Snap Financial</b> Nonpriority Creditor's Name <b>P.O. Box 26561</b> Number Street <b>Salt Lake City , UT 84146</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$100.00</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.41	<b>Splendora Clinic</b> Nonpriority Creditor's Name <b>16401 1st Street</b> Number Street <b>Splendora, TX 77372</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b> <b>\$500.00</b>
4.42	<b>Stoneleigh Recovery Associates</b> Nonpriority Creditor's Name <b>P.O. Box 1479</b> Number Street <b>Lombard, IL 60148</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b> <b>\$100.00</b>
4.43	<b>TD Bank Usa/targetcred</b> Nonpriority Creditor's Name <b>c/o Financial &amp; Retail Services</b> <b>P.O. Box 9475</b> Number Street <b>Minneapolis, MN 55440</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> <b>\$628.00</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<b>4.44</b>	<b>TOPS Comprehensive Breast Center</b> Nonpriority Creditor's Name <b>111 Vision Park Blvd.</b> Number Street <b>Conroe, TX 77384</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Agency</b>	<b>\$100.00</b>
<b>4.45</b>	<b>U.S. Department of Education</b> Nonpriority Creditor's Name <b>c/o FedLoan Servicing</b> <b>P.O. Box 69184</b> Number Street <b>Harrisburg, PA 17106</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: \$38553.19	Last 4 digits of account number _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<b>\$0.00</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) **19-33453****Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.46	<b>U.S. Department of Education c/o Nelnet</b> Nonpriority Creditor's Name <b>121 S 13th Street 201</b> Number Street <b>Lincoln, NE 68508</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>unknown</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Student Loan</b>
4.47	<b>Verizon Wireless</b> Nonpriority Creditor's Name <b>500 Technology Drive 550</b> Number Street <b>Saint Charles, MO 63304</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$500.00</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
4.48	<b>Willis Family Medicine</b> Nonpriority Creditor's Name <b>4015 Interstate 45 N</b> Number Street <b>Conroe, TX 77304</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$500.00</b> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Bill</b>

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

**Total claims  
from Part 1**6a. **Domestic support obligations**6a. \$0.006b. **Taxes and certain other debts you owe the government**6b. \$0.006c. **Claims for death or personal injury while you were intoxicated**6c. \$0.006d. **Other.** Add all other priority unsecured claims. Write that amount here.6d. + \$4,500.006e. **Total.** Add lines 6a through 6d.6e. \$4,500.00**Total claim****Total claims  
from Part 2**6f. **Student loans**6f. \$0.006g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**6g. \$0.006h. **Debts to pension or profit-sharing plans, and other similar debts**6h. \$0.006i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. + \$23,873.716j. **Total.** Add lines 6f through 6i.6j. \$23,873.71**Total claim**

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.3	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.4	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Young, Randy Lee

Name of your spouse, former spouse, or legal equivalent

8086 Adcock Acres Drive

Number Street

Conroe, TX 77303

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

**Column 1: Your codebtor**
**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

  
Name

  
Number Street

  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

Check if this is:

☒ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

## How long employed there?

## Debtor 1

☒ Employed ☐ Not EmployedTeacherSacred Heart School615 McDade  
Number StreetConroe, TX 77301

City

State

Zip Code

2 years

## Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedPhotographerSelf Employed

Number Street

City

State

Zip Code

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

## For Debtor 1

## For Debtor 2 or non-filing spouse

2. \$2,838.46 \$0.003. + \$0.00 + \$0.004. \$2,838.46 \$0.00



Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	Case number (if known) <u>19-33453</u>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>	
	First Name	Middle Name	Last Name	

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$2,838.46	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$276.66	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$436.22	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$712.88	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,125.58	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$831.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$831.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,125.58	\$831.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12.		\$2,956.58
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: _____ The Debtor is actively seeking full time work and actively promoting his trade to earn more income. The Joint Debtor is seeking new employment with a school district			

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

## 8a. Attached Statement

**Self Employment Income**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1	Gross Monthly Income:	<u>\$1,280.00</u>
---	-----------------------	-------------------

## PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2	Ordinary and necessary expense	<u>\$0.00</u>	
3	Net Employee Payroll (Other than debtor)	<u>\$0.00</u>	
4	Payroll Taxes	<u>\$384.00</u>	
5	Unemployment Taxes	<u>\$0.00</u>	
6	Worker's Compensation	<u>\$0.00</u>	
7	Other Taxes	<u>\$0.00</u>	
8	Inventory Purchases (Including raw materials)	<u>\$0.00</u>	
9	Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>	
10	Rent (Other than debtor's principal residence)	<u>\$0.00</u>	
11	Utilities	<u>\$0.00</u>	
12	Office Expenses and Supplies	<u>\$0.00</u>	
13	Repairs and Maintenance	<u>\$0.00</u>	
14	Vehicle Expenses	<u>\$30.00</u>	
15	Travel and Entertainment	<u>\$0.00</u>	
16	Equipment Rental and Leases	<u>\$0.00</u>	
17	Legal/Accounting/Other Professional Fees	<u>\$0.00</u>	
18	Insurance	<u>\$0.00</u>	
19	Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>	
20	Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts		
	TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>	
21	Other Expenses		
	Parking	<u>\$35.00</u>	
	TOTAL OTHER EXPENSES	<u>\$35.00</u>	
22	TOTAL MONTHLY EXPENSES(Add item 2 - 21)		<u>\$449.00</u>
PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:			
23	AVERAGE NET MONTHLY INCOME(Subtract item 23 from item 1)		<u>\$831.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

Check if this is:

☒ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

21

☐ No. ☒ Yes.

Child

9

☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4.

If not included in line 4:

4a. Real estate taxes

4a.

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	_____
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	_____ \$300.00
6b.	Water, sewer, garbage collection	6b.	_____ \$60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	_____ \$200.00
6d.	Other. Specify: _____ Internet _____	6d.	_____ \$30.00
7.	<b>Food and housekeeping supplies</b>	7.	_____ \$500.00
8.	<b>Childcare and children's education costs</b>	8.	_____ \$0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	_____ \$30.00
10.	<b>Personal care products and services</b>	10.	_____ \$75.00
11.	<b>Medical and dental expenses</b>	11.	_____ \$40.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____ \$300.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	_____ \$0.00
14.	<b>Charitable contributions and religious donations</b>	14.	_____ \$0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	_____ \$0.00
15b.	Health insurance	15b.	_____ \$0.00
15c.	Vehicle insurance	15c.	_____ \$0.00
15d.	Other insurance. Specify: _____	15d.	_____ \$0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____ \$0.00
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	_____
17b.	Car payments for Vehicle 2	17b.	_____
17c.	Other. Specify: _____	17c.	_____
17d.	Other. Specify: _____	17d.	_____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____ \$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____ \$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	_____ \$0.00
20b.	Real estate taxes	20b.	_____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	_____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	_____ \$0.00
20e.	Homeowner's association or condominium dues	20e.	_____ \$0.00

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-3345321. **Other.** Specify: \_\_\_\_\_21. **+** \_\_\_\_\_ \$0.0022. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$1,535.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$1,535.00

23. **Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$2,956.58

23b. Copy your monthly expenses from line 22c above.

23b. **-** \_\_\_\_\_ \$1,535.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \_\_\_\_\_ \$1,421.58

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

#### 1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$121,490.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$24,777.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$146,267.00</u>

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$191,541.37</u>
---	---------------------

#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$4,500.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>\$23,873.71</u>

Your total liabilities

<u>\$219,915.08</u>
---------------------

### Part 3: Summarize Your Income and Expenses

#### 4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$2,956.58</u>
---	-------------------

#### 5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$1,535.00</u>
---	-------------------

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**Part 4:** Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income.** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.\$3,265.54**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Julianne Wilson Young

Julianne Wilson Young, Debtor 1

X

/s/ Randy Lee Young

Randy Lee Young, Debtor 2

Date 11/19/2019

MM/ DD/ YYYY

Date 11/19/2019

MM/ DD/ YYYY



Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Southern District of Texas</u>		
Case number (if known)	<u>19-33453</u>		

☒ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Give Details About Your Marital Status and Where You Lived Before

## 1. What is your current marital status?

- ☒ Married
- ☐ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

## 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

## Part 2: Explain the Sources of Your Income

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross Income	Sources of income	Gross Income
Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

- ☒ Wages, commissions, bonuses, tips \$21,000.00
- ☐ Operating a business

- ☐ Wages, commissions, bonuses, tips
- ☒ Operating a business \$2,000.00

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>	
	First Name	Middle Name	Last Name	

Case number (if known) 19-33453

  

<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <u>\$41,658.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Operating a business <u>\$874.00</u>

  

<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <u>\$44,922.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Operating a business <u>\$0.00</u>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

- ☒ No
- ☐ Yes. Fill in the details.

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?
- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
- \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.
- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
- During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
- ☒ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**Part 4:** Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	Portfolio Recovery Associates, LLC vs. Julianne Young	Civil Lawsuit	Justice Court, Precinct 04 Court Name	<input checked="" type="checkbox"/> Pending
Case number	4DC3987		23628 Roberts Road Number Street	<input type="checkbox"/> On appeal
			New Caney, TX 77357 City State ZIP Code	<input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details.**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**☒ No☐ Yes**Part 5:** List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**☒ No☐ Yes. Fill in the details for each gift.**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**☒ No☐ Yes. Fill in the details for each gift or contribution.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**Part 6:** List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.**Part 7:** List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
<u>Busby &amp; Associates</u> Person Who Was Paid <u>715 E Whitney St</u> Number Street <u>Houston, TX 77022-3537</u> City State ZIP Code Email or website address Person Who Made the Payment, if Not You		<u>11/8/2019</u>	<u>\$0.00</u>
Attorney's Fee			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)☒ No☐ Yes. Fill in the details.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No☐ Yes. Fill in the details.**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**☒ No☐ Yes. Fill in the details.**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**☒ No☐ Yes. Fill in the details.**Part 9:** Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.**Part 10:** Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.****24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Fill in the details.**25. Have you notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Fill in the details.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No



Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time



A member of a limited liability company (LLC) or limited liability partnership (LLP)



A partner in a partnership



An officer, director, or managing executive of a corporation



An owner of at least 5% of the voting or equity securities of a corporation



No. None of the above applies. Go to Part 12.



Yes. Check all that apply above and fill in the details below for each business.

Photography & Audio Engineering  
 Name

                      
 Number Street

                      
 City State ZIP Code
**Describe the nature of the business**

Photography &amp; Audio Engineering

**Employer Identification number**

Do not include Social Security number or ITIN.

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Name of accountant or bookkeeper****Dates business existed**From 01/01/1999 To                     **28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No



Yes. Fill in the details below.

Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>	
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>	
	First Name	Middle Name	Last Name	Case number (if known) <u>19-33453</u>

**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** \_\_\_\_\_  
 /s/ Julianne Wilson Young  
 Signature of Julianne Wilson Young , Debtor 1

**X** \_\_\_\_\_  
 /s/ Randy Lee Young  
 Signature of Randy Lee Young , Debtor 2

Date 11/19/2019

Date 11/19/2019

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Julianne</u>	<u>Wilson</u>	<u>Young</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Randy</u>	<u>Lee</u>	<u>Young</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Southern District of Texas</u>	
Case number (if known)	<u>19-33453</u>		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☒ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Average Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																								
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$2,838.46</u>	<u>\$213.75</u>																								
3. Alimony and maintenance payments. Do not include payments from a spouse.	<u>\$0.00</u>	<u>\$0.00</u>																								
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>																								
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$213.33</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$213.33</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$213.33</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$213.33</u>	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
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6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
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Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. <b>Interest, dividends, and royalties</b>	\$0.00	\$0.00	
8. <b>Unemployment compensation</b>	\$0.00	\$0.00	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ..... ↓			
For you.....	\$0.00		
For your spouse.....	\$0.00		
9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$0.00	\$0.00	
10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
.....			
.....			
Total amounts from separate pages, if any.	+	+	
	\$2,838.46	\$427.08	= \$3,265.54
11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.			<b>Total average monthly income</b>

**Part 2:** Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** ..... \$3,265.54

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	.....	
.....	.....	
.....	.....	
Total.....	\$0.00	Copy here. → - \$0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12. \$3,265.54

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here → ..... \$3,265.54

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form..... \$39,186.48



Debtor 1	<b>Julianne</b>	<b>Wilson</b>	<b>Young</b>
Debtor 2	<b>Randy</b>	<b>Lee</b>	<b>Young</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-33453

**16. Calculate the median family income that applies to you.** Follow these steps:16a. Fill in the state in which you live. Texas16b. Fill in the number of people in your household. 316c. Fill in the median family income for your state and size of household. .... \$72,632.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)****18. Copy your total average monthly income from line 11.** ..... \$3,265.54**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... - \$0.0019b. **Subtract line 19a from line 18.** \$3,265.54**20. Calculate your current monthly income for the year.** Follow these steps.20a. Copy line 19b. .... \$3,265.54

Multiply by 12 (the number of months in a year).

**x 12**20b. The result is your current monthly income for the year for this part of the form. \$39,186.4820c. Copy the median family income for your state and size of household from line 16c. .... \$72,632.00**21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Julianne Wilson Young

Signature of Debtor 1

**X** /s/ Randy Lee Young

Signature of Debtor 2

Date 11/19/2019  
MM/DD/YYYYDate 11/19/2019  
MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Advance America  
610 West Davis Street  
Conroe, TX 77301

AFNI  
1310 Martin Luther King Drive  
Bloomington, IL 61702-3517

ARS Account Resolution  
1643 NW 136 Ave, Bldg H Street  
Fort Lauderdale, FL 33323

Atlas Acquisitions, LLC  
Assignee of SNAP Finance  
294 Union Street  
Hackensack, NJ 07601

Caliber Collision  
23266 N.W. Freeway  
Cypress, TX 77429

CarMax Auto Finance dba  
CarMax Business Services  
225 Chastain Meadows Court 210  
Kennesaw, GA 30144

Cash America  
717 East Davis Street 709  
Conroe, TX 77301

ChexSystems  
Attention: Consumer Relations  
7805 Hudson Road, #100  
Saint Paul, MN 55125

Chrysler Capital  
P.O. Box 96125  
Fort Worth, TX 76161

City of Magnolia  
18111 Buddy Riley  
Magnolia, TX 77354

Comenity Bank/HSN  
P.O. Box 182273  
Columbus, OH 43218

CONNS Appliances  
P.O. Box 3002  
Malvern, PA 19355

Conroe Regional Medical  
Center  
504 Medical Center Blvd  
Conroe, TX 77304

Conroe Surgery Center  
504 Medical Center Blvd  
Conroe, TX 77304

Consumer Portfolio Services  
Inc.  
P.O. Box 57071  
Irvine, CA 92619

Credit One Bank  
Attn: Bankruptcy  
P.O.Box 98873  
Las Vegas, NV 89193

David Reese, MD  
9180 Pinecroft Drive 100  
Spring, TX 77380

Department of  
Education/NELN  
121 S. 13th Street  
Lincoln, NE 68508

Dish Network  
Dept 0063  
Palatine, IL 60055

DSRM National Bank  
P.O. Box 300  
Amarillo, TX 79105

East Montgomery County  
16401 1st Street  
Splendora, TX 77372

Enchanted Dental  
17450 St. Lukes Way 260  
Conroe, TX 77384

Eric S. Southward  
715 E Whitney St  
Houston, TX 77022-3537

Flexhopper  
2700 N. Military Trail 200  
Boca Raton, FL 33431

Florida State University  
4750 Collegiate Drive  
Panama City, FL 32401

Go Imaging  
9802 FM 1960 Bypass Road West 100  
Humble, TX 77338

Gulf Coast State College  
5230 US 98  
Panama City, FL 32401

Hunter Warfield  
4620 Woodland Corporate Blvd.  
Tampa, FL 33614

Integrity TX Funding  
84 Villa Road  
Huntington Beach, CA 92615

Lakewood Arthritis and Ortho  
Clinic  
102 Medical Park Lane A  
Huntsville, TX 77340

LVNV Funding LLC  
200 Meeting St., Ste. 206  
Greenville, SC 29601

Majestic Gymnastic  
11467 FM 2432 302  
Willis, TX 77378

Memorial Hermann  
9250 Pinecroft  
Spring, TX 77380

Midland Funding, LLC  
P.O. Box 460568  
Houston, TX 77056

Mohela  
633 Spirit Drive  
65005

NCB Management Services  
One Allied Drive  
Feasterville Trevose, PA 19053

Ocwen Loan Servicing  
P.O. Box 24738  
West Palm Beach, FL 33416

PCP for Life PA  
12015 Louetta Road 200  
Houston, TX 77070

PHH Mortgage  
P.O. Box 5469  
Mount Laurel, NJ 08054

Portfolio Recovery  
Associates, LLC  
P.O. Box 12914  
Norfolk, VA 23541



Quest Diagnostics

P.O. Box 7306  
Hollister, MO 65673

QVC

9855 Westover Hills Blvd  
San Antonio, TX 78251

Retrieval Masters Creditor  
Bureau, Inc.

4 Westchester Plaza 110  
Elmsford, NY 10523

Rise/ESC

4150 International Plz S.  
Fort Worth, TX 76109

Rose Imaging Specialist PA

P.O. Box 203268  
Dallas, TX 75230

Snap Financial

P.O. Box 26561  
Salt Lake City , UT 84146

Splendora Clinic

16401 1st Street  
Splendora, TX 77372

Stoneleigh Recovery  
Associates

P.O. Box 1479  
Lombard, IL 60148

TD Bank Usa/targetcred  
c/o Financial & Retail Services  
P.O. Box 9475  
Minneapolis, MN 55440

TOPS Comprehensive Breast  
Center  
111 Vision Park Blvd.  
Conroe, TX 77384

U.S. Department of Education  
c/o FedLoan Servicing  
P.O. Box 69184  
Harrisburg, PA 17106

U.S. Department of Education  
c/o Nelnet  
121 S 13th Street 201  
Lincoln, NE 68508

Verizon Wireless  
500 Technology Drive 550  
Saint Charles, MO 63304

Willis Family Medicine  
4015 Interstate 45 N  
Conroe, TX 77304

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: Young , Julianne Wilson  
Young , Randy Lee

CASE NO 19-33453

CHAPTER 13

**AMENDED**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/19/2019 Signature /s/ Julianne Wilson Young  
Julianne Wilson Young , Debtor

Date 11/19/2019 Signature /s/ Randy Lee Young  
Randy Lee Young , Joint Debtor

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: **Young , Julianne Wilson**  
**Young , Randy Lee**

CASE NO **19-33453**

CHAPTER **Chapter 13**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$1,250.00	\$0.00	\$1,250.00	\$1,250.00	\$0.00
7.	Electronics	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
12.	Jewelry	\$1,500.00	\$100.00	\$1,400.00	\$1,400.00	\$0.00
13.	Nonfarm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$2.00	\$0.00	\$2.00	\$2.00	\$0.00
28.	Tax refunds	\$500.00	\$0.00	\$500.00	\$500.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT  
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CASE NO **19-33453**

CHAPTER **Chapter13**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet #1*

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
34.	All other claims, includes contigent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other Assets	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		<b>\$4,652.00</b>	<b>\$100.00</b>	<b>\$4,552.00</b>	<b>\$4,552.00</b>	<b>\$0.00</b>

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
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CASE NO 19-33453

CHAPTER Chapter13

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet #2*

**Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<b><u>Real Property</u></b>			
(None)			
<b><u>Personal Property</u></b>			
(None)			
<b>TOTALS:</b>	\$0.00	\$0.00	\$0.00

**Non-exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<b><u>Real Property</u></b>				
(None)				
<b><u>Personal Property</u></b>				
<b>TOTALS:</b>	\$4,652.00	\$100.00	\$4,552.00	\$0.00

<b>Summary</b>	
A. Gross Property Value (not including surrendered property)	<b>\$4,652.00</b>
B. Gross Property Value of Surrendered Property	<b>\$0.00</b>
C. Total Gross Property Value (A+B)	<b>\$4,652.00</b>
D. Gross Amount of Encumbrances (not including surrendered property)	<b>\$100.00</b>
E. Gross Amount of Encumbrances on Surrendered Property	<b>\$0.00</b>
F. Total Gross Encumbrances (D+E)	<b>\$100.00</b>
G. Total Equity (not including surrendered property) / (A-D)	<b>\$4,552.00</b>
H. Total Equity in surrendered items (B-E)	<b>\$0.00</b>
I. Total Equity (C-F)	<b>\$4,552.00</b>
J. Total Exemptions Claimed (Wild Card Used: \$702.00, Available: \$27,098.00)	<b>\$4,552.00</b>
K. Total Non-Exempt Property Remaining (G-J)	<b>\$0.00</b>